

## ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS WASHINGTON 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

### Washington Data Comments

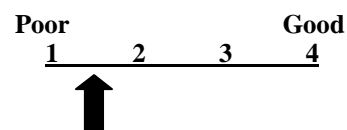
**Diagnosis Codes (1):** Washington OT claims included some "local" diagnosis codes that were not defined in the data. The use of non-standard codes might lead to over- or under-identification of mental health beneficiaries.

**Diagnosis Codes (2):** Diagnosis codes were missing on all LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.

**Services Excluded:** Washington's files did not include claims for Medicaid-funded services administered by six agencies, including many that provide MH services, such as the Children's Administration and Juvenile Rehabilitation Administration, the Division of Developmental Disabilities, and the Division of Alcohol and Substance Abuse. There were also no claims for waiver services or PCCM capitation payments in the 1999 files, and some prescription drugs were bundled into the MH or DD institutional rates. Finally, Washington submitted Medicaid Inpatient Psychiatric Facility Services for Individuals 21 and Under as lump-sum payments in 1999. Lump sums are not tied to individual Medicaid ID numbers, and are thus not included in MAX data.

**Enrollment:** In Washington, enrollment reporting was inconsistent across months, both in terms of any Medicaid enrollment and in terms of managed care enrollment. Because these tables do not include utilization during months when no enrollment is reported, or during months when managed care is reported, they may be missing some utilization of FFS care. Additionally, reported enrollment among adults and children receiving cash decreased abruptly in July 1999 with no explanation in the MSIS/MAX documentation.

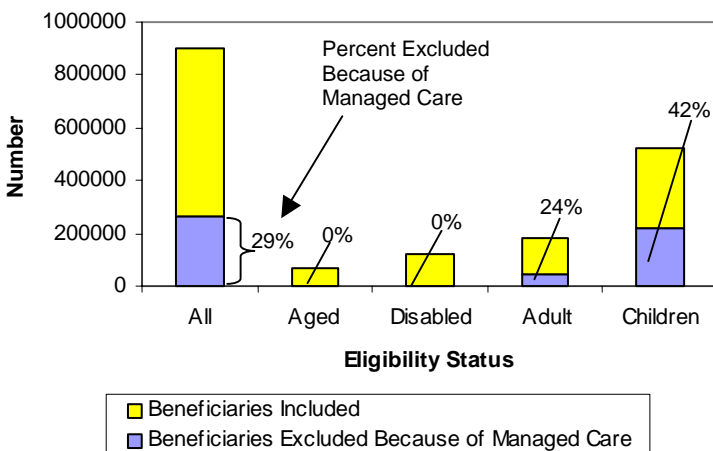
### WASHINGTON DATA QUALITY AND COMPLETENESS



\*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

### IMPACT OF MANAGED CARE EXCLUSIONS

**Percent of Beneficiaries Excluded in Washington by Eligibility Group**



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Washington's managed care exclusions are shown in the graph on the left.

**TABLE 1**  
**MEDICAID BENEFICIARIES AND EXPENDITURES**  
**TOTAL AND FEE-FOR-SERVICE (FFS)**  
**WASHINGTON, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
<b>All</b>	899,702	100%	634,901	71%	\$2,199,800,444	100%	\$1,481,162,001	67%
<b>Age</b>								
0-3	137,245	15%	95,396	70%	\$187,375,738	9%	\$43,430,295	23%
4-5	63,233	7%	36,012	57%	\$60,959,425	3%	\$16,766,971	28%
6-12	202,290	22%	112,820	56%	\$184,562,748	8%	\$55,515,354	30%
13-18	132,067	15%	76,157	58%	\$139,572,173	6%	\$50,909,671	36%
19-21	39,814	4%	29,612	74%	\$85,388,731	4%	\$39,387,694	46%
22-44	188,890	21%	153,610	81%	\$560,837,616	25%	\$334,917,354	60%
45-64	65,568	7%	60,736	93%	\$384,028,754	17%	\$353,127,218	92%
65 and older	70,595	8%	70,558	100%	\$597,075,259	27%	\$587,107,444	98%
<b>Gender</b>								
Female	522,765	58%	379,557	73%	\$1,436,523,324	65%	\$951,696,039	66%
Male	376,899	42%	255,309	68%	\$763,076,719	35%	\$529,273,056	69%
<b>Race</b>								
White	623,511	69%	442,100	71%	\$1,654,204,184	75%	\$1,158,562,024	70%
Black	60,702	7%	40,998	68%	\$129,834,624	6%	\$77,297,487	60%
Hispanic	118,950	13%	79,581	67%	\$204,987,809	9%	\$99,456,080	49%
American Indian/Alaskan Native	25,685	3%	23,219	90%	\$63,211,113	3%	\$53,791,235	85%
Asian/Pacific Islander	45,807	5%	30,284	66%	\$98,032,172	4%	\$62,517,732	64%
Other/Unknown	25,047	3%	18,719	75%	\$49,530,542	2%	\$29,537,443	60%
<b>Dual Status</b>								
Aged Duals with Full Medicaid	53,568	6%	53,538	100%	\$485,697,883	22%	\$477,711,854	98%
Disabled Duals with Full Medicaid	35,118	4%	35,105	100%	\$166,473,129	8%	\$163,313,075	98%
Duals with Limited Medicaid	15,677	2%	15,677	100%	\$94,348,239	4%	\$92,933,275	99%
Other Duals	540	0%	427	79%	\$1,440,696	0%	\$909,507	63%
Disabled Non-Duals	79,828	9%	79,698	100%	\$527,264,102	24%	\$500,893,439	95%
All Other Non-Duals	714,971	79%	450,456	63%	\$924,576,395	42%	\$245,400,851	27%
<b>Eligibility Group</b>								
Aged	70,529	8%	70,500	100%	\$597,565,885	27%	\$587,725,850	98%
Disabled	121,650	14%	121,507	100%	\$716,988,603	33%	\$686,923,486	96%
Adults	181,464	20%	138,287	76%	\$408,867,049	19%	\$133,404,693	33%
Children	526,058	58%	304,606	58%	\$476,378,907	22%	\$73,107,972	15%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 2**  
**MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES**  
**COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES**  
**WASHINGTON, CALENDAR YEAR 1999**

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
<b>All</b>	634,901	45,985	7%	\$1,481,162,001	\$287,554,811	19%
<b>Age</b>						
0-3	95,396	369	0%	\$43,430,295	\$1,220,144	3%
4-5	36,012	615	2%	\$16,766,971	\$1,423,831	8%
6-12	112,820	5,255	5%	\$55,515,354	\$9,027,935	16%
13-18	76,157	3,931	5%	\$50,909,671	\$8,660,902	17%
19-21	29,612	1,196	4%	\$39,387,694	\$5,160,322	13%
22-44	153,610	18,155	12%	\$334,917,354	\$102,065,109	30%
45-64	60,736	11,805	19%	\$353,127,218	\$96,945,100	27%
65 and Older	70,558	4,659	7%	\$587,107,444	\$63,051,468	11%
<b>Gender</b>						
Female	379,557	26,220	7%	\$951,696,039	\$177,610,864	19%
Male	255,309	19,761	8%	\$529,273,056	\$109,859,514	21%
<b>Race</b>						
White	442,100	36,678	8%	\$1,158,562,024	\$234,302,913	20%
Black	40,998	2,662	6%	\$77,297,487	\$16,098,924	21%
Hispanic	79,581	2,025	3%	\$99,456,080	\$10,215,944	10%
American Indian/Alaskan Native	23,219	2,014	9%	\$53,791,235	\$11,914,648	22%
Asian/Pacific Islander	30,284	1,767	6%	\$62,517,732	\$9,636,284	15%
Other/Unknown	18,719	839	4%	\$29,537,443	\$5,386,098	18%
<b>Dual Status</b>						
Aged Duals with Full Medicaid	53,538	3,728	7%	\$477,711,854	\$52,755,534	11%
Disabled Duals with Full Medicaid	35,105	8,900	25%	\$163,313,075	\$53,872,835	33%
Duals with Limited Medicaid	15,677	1,969	13%	\$92,933,275	\$11,301,592	12%
Other Duals	427	59	14%	\$909,507	\$146,850	16%
Disabled Non-Duals	79,698	18,222	23%	\$500,893,439	\$145,362,269	29%
All Other Non-Duals	450,456	13,107	3%	\$245,400,851	\$24,115,731	10%
<b>Eligibility Group</b>						
Aged	70,500	4,674	7%	\$587,725,850	\$63,094,944	11%
Disabled	121,507	28,674	24%	\$686,923,486	\$206,004,081	30%
Adults	138,287	5,282	4%	\$133,404,693	\$10,293,739	8%
Children	304,606	7,355	2%	\$73,107,972	\$8,162,047	11%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 3**  
**MEDICAID FFS MENTAL HEALTH POPULATION**  
**BY DIAGNOSTIC CATEGORY AND AGE GROUP**  
**WASHINGTON, CALENDAR YEAR 1999**

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	6,915	15%	154	1%	6,054	20%	707	15%
Major depression and affective psychoses	10,298	22%	905	8%	8,425	28%	968	21%
Other psychoses	1,804	4%	138	1%	1,043	3%	623	13%
Childhood psychoses	710	2%	539	5%	168	1%	3	0%
Neurotic & other depressive disorders	12,777	28%	1,591	14%	9,589	32%	1,597	34%
Personality disorders	440	1%	54	0%	362	1%	24	1%
Other mental disorders	712	2%	109	1%	414	1%	189	4%
Special symptoms or syndromes	2,303	5%	611	5%	1,448	5%	244	5%
Stress & adjustment reactions	3,074	7%	965	8%	1,852	6%	257	6%
Conduct disorders	1,197	3%	845	7%	319	1%	33	1%
Emotional disturbances	618	1%	608	5%	10	0%	0	0%
Hyperkinetic syndrome	5,113	11%	4,847	43%	262	1%	4	0%
No Diagnosis	24	0%	0	0%	14	0%	10	0%
<b>Total</b>	<b>45,985</b>	<b>100%</b>	<b>11,366</b>	<b>100%</b>	<b>29,960</b>	<b>100%</b>	<b>4,659</b>	<b>100%</b>

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.**

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4**  
**PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER**  
**FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP**  
**WASHINGTON, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	1	2	1	1%	2	10	7%	5
	4-5	0	0	0	0	0	0%	0	5	3%	7
	6-12	0	0	3	5	3	0%	5	26	2%	14
	13-18	0	0	59	11	59	3%	11	86	5%	6
	19-21	0	0	40	9	40	5%	9	133	17%	6
	22-44	325	9	576	7	858	8%	8	1,201	11%	7
	45-64	175	11	319	7	473	6%	9	1,031	14%	6
	65+	27	4	78	2	103	3%	3	487	14%	1
	All Ages	527	9	1,076	7	1,537	6%	8	2,979	11%	6
Male	0-3	0	0	0	0	0	0%	0	15	7%	15
	4-5	0	0	0	0	0	0%	0	4	1%	7
	6-12	0	0	5	20	5	0%	20	47	1%	9
	13-18	0	0	47	14	47	2%	14	48	2%	9
	19-21	0	0	31	14	31	8%	14	24	6%	14
	22-44	258	8	532	6	760	10%	7	492	7%	7
	45-64	99	8	176	6	263	6%	7	571	14%	8
	65+	14	3	19	2	32	3%	3	215	18%	2
	All Ages	371	8	810	7	1,138	6%	7	1,416	7%	7
Total	0-3	0	0	1	2	1	0%	2	25	7%	11
	4-5	0	0	0	0	0	0%	0	9	1%	7
	6-12	0	0	8	14	8	0%	14	73	1%	11
	13-18	0	0	106	12	106	3%	12	134	3%	7
	19-21	0	0	71	11	71	6%	11	157	13%	8
	22-44	583	8	1,108	7	1,618	9%	8	1,693	9%	7
	45-64	274	10	496	7	737	6%	8	1,603	14%	7
	65+	41	4	97	2	135	3%	3	702	15%	2
	All Ages	898	9	1,887	7	2,676	6%	8	4,396	10%	6

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

**TABLE 5**  
**EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL**  
**HEALTH BENEFICIARIES, BY SEX AND AGE GROUP**  
**WASHINGTON, CALENDAR YEAR 1999**

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	49	32%	0.14	2.51	2.65	6,184	13%	1.61
	4-5	58	33%	0.19	1.95	2.14	1,648	10%	1.55
	6-12	402	27%	0.51	1.53	2.04	4,112	8%	1.52
	13-18	726	42%	0.56	1.70	2.26	5,472	14%	1.70
	19-21	465	59%	0.53	3.19	3.72	5,852	25%	1.89
	22-44	5,409	50%	0.60	3.78	4.37	23,952	24%	2.27
	45-64	3,684	49%	0.45	4.09	4.54	9,136	33%	3.49
	65+	349	10%	0.30	3.01	3.32	2,782	6%	2.22
	All Ages	11,142	42%	0.53	3.60	4.13	59,138	17%	2.23
Male	0-3	71	33%	0.11	2.31	2.42	6,968	14%	1.68
	4-5	118	27%	0.25	1.81	2.07	1,978	11%	1.61
	6-12	930	25%	0.49	1.61	2.10	4,465	8%	1.55
	13-18	812	37%	0.54	1.65	2.19	3,329	10%	1.59
	19-21	222	54%	0.87	2.57	3.44	811	16%	2.21
	22-44	2,828	39%	0.84	3.11	3.95	7,105	21%	2.77
	45-64	1,639	39%	0.53	4.23	4.76	6,058	28%	3.49
	65+	168	14%	0.23	3.37	3.60	1,696	8%	2.62
	All Ages	6,788	34%	0.65	2.96	3.61	32,410	14%	2.29
Total	0-3	120	33%	0.13	2.39	2.52	13,152	14%	1.65
	4-5	176	29%	0.23	1.86	2.09	3,626	10%	1.58
	6-12	1,332	25%	0.49	1.59	2.08	8,577	8%	1.54
	13-18	1,538	39%	0.55	1.67	2.22	8,801	12%	1.66
	19-21	687	57%	0.64	2.99	3.63	6,663	23%	1.93
	22-44	8,238	45%	0.68	3.55	4.23	31,064	23%	2.38
	45-64	5,325	45%	0.48	4.13	4.61	15,201	31%	3.49
	65+	517	11%	0.28	3.13	3.41	4,480	7%	2.37
	All Ages	17,933	39%	0.57	3.36	3.93	91,564	16%	2.25

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 6**  
**PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH**  
**AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP**  
**WASHINGTON, CALENDAR YEAR 1999**

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	1,410	1%	48	13%	1,362	1%
4-5	980	3%	205	33%	775	2%
6-12	7,281	6%	3,224	61%	4,057	4%
13-18	5,686	7%	2,368	60%	3,318	5%
19-21	2,386	8%	743	62%	1,643	6%
22-44	36,302	24%	15,171	84%	21,131	16%
45-64	32,275	53%	10,765	91%	21,510	44%
65+	31,201	44%	3,961	85%	27,240	41%
All Ages	117,521	19%	36,485	79%	81,036	14%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

**TABLE 7**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**WASHINGTON, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	154	47%	82%	31%	12%	2%	60%	6%
Major depression and affective psychoses	905	48%	25%	18%	13%	12%	34%	14%
Other psychoses	138	32%	62%	22%	7%	4%	43%	7%
Childhood psychoses	539	24%	21%	16%	1%	10%	20%	26%
Neurotic & other depressive disorders	1,591	42%	6%	13%	1%	7%	15%	23%
Personality disorders	54	39%	13%	22%	6%	9%	26%	30%
Other mental disorders	109	21%	8%	14%	3%	5%	13%	37%
Special symptoms or syndromes	611	13%	5%	8%	0%	5%	8%	42%
Stress & adjustment reactions	965	23%	5%	9%	2%	9%	12%	34%
Conduct disorders	845	21%	11%	13%	2%	16%	17%	26%
Emotional disturbances	608	40%	19%	17%	6%	29%	33%	17%
Hyperkinetic syndrome	4,847	19%	4%	7%	1%	67%	21%	8%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
<b>Total</b>	<b>11,366</b>	<b>27%</b>	<b>10%</b>	<b>11%</b>	<b>3%</b>	<b>35%</b>	<b>21%</b>	<b>42%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).



**TABLE 8**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**WASHINGTON, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	6,054	46%	93%	43%	11%	0%	66%	2%
Major depression and affective psychoses	8,425	75%	40%	54%	20%	2%	66%	5%
Other psychoses	1,043	53%	68%	45%	5%	1%	60%	8%
Childhood psychoses	168	32%	55%	51%	7%	2%	48%	13%
Neurotic & other depressive disorders	9,589	73%	17%	52%	3%	2%	49%	9%
Personality disorders	362	69%	35%	45%	7%	3%	56%	14%
Other mental disorders	414	48%	23%	42%	4%	1%	36%	22%
Special symptoms or syndromes	1,448	50%	13%	38%	1%	1%	30%	29%
Stress & adjustment reactions	1,852	63%	20%	48%	3%	2%	47%	16%
Conduct disorders	319	52%	50%	51%	7%	1%	56%	11%
Emotional disturbances	10	30%	10%	30%	0%	10%	10%	30%
Hyperkinetic syndrome	262	62%	11%	28%	3%	63%	55%	10%
No Diagnosis	14	64%	36%	57%	14%	7%	71%	14%
<b>Total</b>	<b>29,960</b>	<b>65%</b>	<b>41%</b>	<b>49%</b>	<b>9%</b>	<b>2%</b>	<b>57%</b>	<b>13%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 9**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**WASHINGTON, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	707	40%	85%	42%	4%	1%	57%	4%
Major depression and affective psychoses	968	75%	42%	50%	13%	2%	63%	6%
Other psychoses	623	44%	46%	40%	1%	1%	44%	24%
Childhood psychoses	3	67%	33%	33%	0%	0%	67%	33%
Neurotic & other depressive disorders	1,597	76%	25%	52%	1%	1%	52%	9%
Personality disorders	24	54%	38%	46%	0%	0%	50%	13%
Other mental disorders	189	30%	27%	33%	1%	1%	28%	38%
Special symptoms or syndromes	244	45%	13%	39%	0%	0%	27%	34%
Stress & adjustment reactions	257	70%	25%	53%	1%	0%	51%	12%
Conduct disorders	33	45%	52%	55%	0%	0%	45%	15%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	4	25%	0%	75%	25%	25%	50%	0%
No Diagnosis	10	60%	60%	60%	0%	0%	70%	0%
<b>Total</b>	<b>4,659</b>	<b>62%</b>	<b>40%</b>	<b>47%</b>	<b>4%</b>	<b>1%</b>	<b>52%</b>	<b>15%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).